

Ohio Department of Medicaid  
**STATE HEALTHCHEK PLAN REFERRAL**

Please type or print legibly. Submit via email to;

[PDN\\_BCSP@Medicaid.ohio.gov](mailto:PDN_BCSP@Medicaid.ohio.gov)

Submission Date		
<b>CONSUMER INFORMATION</b>		
Last Name	Date of Birth	
First Name	Medicaid Number	
Social Security Number	Phone Number	
Street Address		
City	Zip Code	County
Diagnosis	Ordering/Referring Physician	
1. Is the individual enrolled in a DD Wavier?	<input type="checkbox"/> Yes ( <i>STOP, contact waiver case manager for authorization</i> ) <input type="checkbox"/> No ( <i>Proceed</i> )	
2. Is the individual enrolled in an HMO?	<input type="checkbox"/> Yes ( <i>STOP, contact the HMO for authorization</i> ) <input type="checkbox"/> No ( <i>proceed</i> )	
3. Does the individual have Medicaid Fee for service?	<input type="checkbox"/> Yes ( <i>proceed</i> ) <input type="checkbox"/> No ( <i>STOP, individual not eligible for State Plan HealthChek</i> ) <i>If individual does NOT have Medicaid, please contact the County JFS to apply</i>	

<b>IS THE CONSUMER UNDER 21</b>	
<p style="text-align: center;">If Yes, what services are sought?  <i>(mark all that apply)</i></p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Skilled Nursing (<i>less than four hours per visit</i>)</p>	<p><b>If No</b>, the individual does not qualify for HealthChek.</p> <p>Did the consumer &gt;21 years of age have a three consecutive overnight hospital stay?</p> <p><input type="checkbox"/> <b>Yes</b>, Refer to State Plan Increased Home Health Services 60 day Post Hospital Stay.</p> <p><input type="checkbox"/> <b>No</b>, Refer to agency for state Plan home Health Services.</p>
<p><b>NOTE:</b> <i>If the consumer is requesting Private Duty Nursing (i.e., More than four hours per visit of skilled nursing), please refer to State Plan PDN</i></p>	

<b>REFERRING ENTITIES INFORMATION</b>	
Provider Home Health Agency	
Contact Name	Contact Phone Number
Phone Number	Fax Number

<b>TO ARRANGE ASSESSMENT PLEASE CONTACT</b>	
Name	Phone Number
Relationship To Consumer	Alternative phone Number